



**STATE OF ALASKA
ADMINISTRATIVE PLAN
FOR
FEDERAL DISASTER PUBLIC ASSISTANCE**

FEMA -- 1423 -- DR

**Amendment 1
7/29/02**

Alaska Division of Emergency Services
Department of Military and Veterans Affairs
January 1, 2002 through December 31, 2002

**STATE OF ALASKA ADMINISTRATIVE PLAN
PUBLIC ASSISTANCE**

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I. AUTHORITY

A. State

1. Alaska Disaster Act AS 26.23.010 - A.S. 26.23.220, A.S. 26.23.300
2. Any Executive Order of the Governor
3. State Emergency Management Plan
4. Administrative Order 175

B. Federal

1. Public Law 93-288, as amended by Public Law 100-707
2. FEMA Regulation, 44 CFR Part 206
3. FEMA Regulation, 44 CFR Part 14
4. FEMA Regulation, 44 CFR Part 13
5. Executive Order 11988, Floodplain Management
6. Executive Order 11990, Protection of Wetlands
7. Executive Order 12612, Federalism
8. Executive Order 12898, Environmental Justice
9. Executive Order 12699, Seismic Design
10. National Historic Preservation Act (NHPA)

II. PURPOSE

The purpose of this plan is to identify the roles and responsibilities of the State in administering the Public Assistance Program and to outline staffing requirements, and the policies and procedures to be used.

III. DEFINITIONS

- A. Applicant:** A government or other legal entity that receives an award and which is accountable to the Grantee for the use of the funds provided. Also referred to as the subgrantee.
- B. Project Worksheet (FEMA Form 90-91):** Form used to document the scope of work and cost estimate for a project.
- C. Disaster Field Office (DFO):** A temporary facility established in a Presidentially-declared disaster area to serve as the field headquarters for FEMA. The DFO is the focal point for disaster operation, direction, coordination and information.
- D. Federal Emergency Management Agency (FEMA):** The Federal agency responsible for coordinating Federal disaster recovery efforts. The term used in this plan when referring to the Regional Director, or the Disaster Recovery Manager, of FEMA Region 10.
- E. Grantee:** The State of Alaska, hereinafter referred to as the State.
- F. Hazard Mitigation:** Any cost effective measure which will reduce the potential for damage to a facility from a disaster event.
- G. State Emergency Coordination Center (SECC):** The SECC is the primary coordination center for all state and federal disasters in Alaska. The SECC coordinates all intelligence and logistics matters for the response and initial recovery phases of a disaster.
- H. Special Considerations:** Issues that involve insurance, floodplain management, hazard mitigation, historic preservation and environmental reviews as they relate to Public Assistance Program funding.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

The Governor has designated the Alaska Division of Emergency Services, as the State office responsible for managing and administering the Public Assistance Program. These responsibilities include, but are not limited to:

1. Notifying potential applicants.
2. Conducting Applicants' Briefings.
3. Requesting Immediate Needs Funding on behalf of the applicants.
4. Participating in Kickoff Meetings.
5. Assigning a State Public Assistance Officer (SPAO) to work with the FEMA Public Assistance Coordinator (PAC).
6. Assisting FEMA in determining work and applicant eligibility.
7. Processing requests for time extensions, improved projects, advances and reimbursements.
8. Making recommendations to FEMA on appeals and alternate project requests.
9. Complying with administrative requirements of 44 CFR, Parts 13 and 206 and the audit requirements of 44 CFR, Part 14.
10. Securing insurance information from applicants when required.
11. Reviewing and certifying project completion information.
12. Conducting quarterly reviews, site inspections and audits, as required to ensure program compliance.
13. Determining budget and staffing requirements necessary for proper program management.

B. Assignment of Responsibilities

1. Governor's Authorized Representative (GAR) - The person designated by the Governor to execute all necessary documents for disaster assistance programs on behalf of the State and local grant recipients. The GAR is responsible for State compliance with the FEMA-State Agreement.
2. State Coordinating Officer (SCO) - The person designated by the Governor to coordinate State and local disaster assistance efforts with that of the Federal government.

V. ADMINISTRATION AND SUPPORT

A. Administrative Support Staff - Since staffing requirements vary depending on the magnitude, type and extent of the disaster, the following personnel may be used to assist the Governor's Authorized Representative/State Coordinating Officer in meeting program administrative requirements. An organizational chart is included as Appendix 1.

1. State Public Assistance Officer (SPAO) - The person responsible for administering the Public Assistance Program at the State level. The SPAO will normally be a member of the State Emergency Management staff.
2. Applicant Liaisons, Resource Coordinators, Project Officers, Program Specialists, Technical Specialists - qualified personnel from applicable State agencies who may assist the State Emergency Management staff in determining legal matters, assigning State staff in the Resource Pool, assessing damages, preparing and reviewing Project Worksheets, and conducting interim and final inspections when necessary.
3. Accountant - The person qualified to assist the State Emergency Management staff by performing professional accounting work in the Public Assistance Program.
4. Other State Administrative Support Personnel
 - a) Computer Specialist
 - b) Administrative Technician

c) Clerk/Typist

- B. Staff Funding** - The initial cost for additional administrative support personnel will be incurred by the State. A claim for reimbursement will be submitted to FEMA in accordance with the management and administrative cost provisions of 44 CFR, 206.228.

VI. DIRECTION AND CONTROL

A. Post Declaration Activities

1. **Notifying Potential Applicants** - The State Division of Emergency Services, the State Public Information Officer(s), City Mayor(s), Tribal Administrator(s) and Local Emergency Management Coordinator(s) will be used to notify potential applicants of the available assistance programs. This notification will include the time and date of the Applicants' Briefing to be held in their area.
2. **Applicants' Briefing** - Once an area has been approved for Public Assistance, members of the State Emergency Management staff will conduct an Applicants' Briefing. The number of briefings will be determined by the number of potential applicants and the area involved in the disaster. Appendix 2 to this plan outlines the information that will be covered during this briefing.

- B. Request for Public Assistance:** The applicant must file a Request for Public Assistance (FEMA Form 90-49), with the State within 30 days from the date its political subdivision was approved for Public Assistance. Requests submitted after this 30-day period will be reviewed and, if warranted, forwarded to FEMA for consideration. The State may request an extension to the filing deadline.

- C. Applicant's Agent:** An applicant's Chief Elected Official or administrator must designate in writing (DES Form 30-5), an agent as the applicant's point-of-contact for all matters pertaining to its application for federal assistance. If no agent is appointed then the Chief Elected Official or administrator will be designated as the applicant's agent.

- D. Applicant Eligibility:** The State will assist FEMA in screening all potential applicants for eligibility. Eligible applicants under the Public Assistance Program are:

1. State agencies, local governments and governmental entities.
2. Indian tribes or authorized tribal organizations
3. Private Non-Profit organizations that have an IRS tax exemption letter or a State Private Non-Profit certification (i.e. Articles/Certificate of Incorporation). Special utility districts must provide a copy of the legislation that grants the district taxing authority. Eligible Private Non-Profit organizations must own or operate educational, utility, emergency, medical, custodial care, or essential governmental service facilities. Essential governmental service facilities are defined as museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops, and other facilities which provide a health and safety service of a governmental nature. All such facilities must be open to the general public.

E. Project Worksheet Preparation

1. Depending on the size and nature of the disaster, the State may participate at various levels in the Public Assistance process. The levels of State involvement may include:
 - a) Assisting FEMA and/or the applicant in developing scopes of work and cost estimates.
 - b) Assigning a State Project Officer (PO) and/or Specialist to work in the Resource Pool.
 - c) Participating in the project validation process.
 - d) Providing State support as needed (personnel to assist with highly technical projects and/or to resolve disputes, etc.).
 - e) Assisting the applicant in identifying hazard mitigation opportunities as provided by Section 406 of the Stafford Act. (Such mitigation measures are generally a direct part of the reconstructed work on a facility, or will protect or benefit the repaired facility. They are different from mitigation measures that could be considered for eligibility under the Hazard Mitigation Grant Program of Section 404 of the Stafford Act. In that program, measures are proposed that may involve facilities other than

those damaged by the disaster and can include new facilities or even non-structural measures such as development of floodplain management regulations.)

2. A Kickoff Meeting is scheduled following the Applicants' Briefing to provide the applicant with specific information to meet the requirements of the Public Assistance Program. It is during this meeting that the applicant is advised of what records must be kept, cost estimating procedures are reviewed, and Special Considerations, project formulation and the project validation process are explained.
3. The applicant will be:
 - a) Encouraged to prepare Project Worksheets (PWs) for small projects estimated to cost less than the large project threshold. The threshold is adjusted annually on October 1 to reflect changes in the Consumer Price Index for all Urban Consumers and is published in the Federal Register;
 - b) Responsible for identifying projects that are anticipated to cost more than the large project threshold amount in repair costs; and
 - c) Required to address pertinent environmental and historic preservation requirements, insurance coverage, floodplain management issues and hazard mitigation opportunities.
4. If an applicant has routinely submitted formulated small projects within the first 30 days and has justified extenuating circumstances that prevent the submission of all Project Worksheets for small projects within the first 30 days, the PAC may extend the deadline. These extensions are made on a case by case basis and may not extend beyond 60 days from the Kickoff meeting.
5. The applicant will report any additional damage that was not previously identified to the SPAO within 60 days of the initial inspection. FEMA will grant the applicant an extension of time to report additional damage if FEMA determines it is warranted. The SPAO will request any such extension on behalf of the applicant and include justification for the requested extension.
6. The State will notify FEMA of any special considerations and/or technical assistance requirements needed to facilitate project approval.

F. Public Assistance Administration

1. Grant Approval - The State will submit to FEMA an "Application for Federal Assistance" (SF 424), and an "Assurances for Construction" Programs (SF 424D), in order to receive Federal funding. Approved Project Worksheets will be the basis for issuing subgrants to eligible applicants in accordance with the cost sharing provisions established in the FEMA-State agreement.
2. Project Application - Once Project Worksheets are approved by FEMA, the State will be responsible for the final processing and distribution of the project application and for initiating payments. The State will notify the applicant when its project application is prepared and ready for signature. Examples of the information to be included, if applicable, in the applicant's project application is in Appendix 3.
 - a) State cover letter (A3-1)
 - b) Request for Public Assistance (FEMA Form 90-49)
 - c) Designation of Applicant's Agent (DES Form 30-5)
 - d) Assurances and Agreements (DES Form 30-58)
 - e) Memorandum of Agreement (DES Form 30-61)
 - f) Waiver of Sovereign Immunity (DES Form 30-62)
 - g) Summary of Grant Conditions (DES Form 30-59)
3. Grant Award - After the applicant completes the project application, and the application is approved by the State, the applicant will receive a grant award package. Appendix 4 reflects which information will be included in the grant award package:
 - a) State Cover letter (A4-1)
 - b) Grant Summary (FEMA Form P.5)
 - c) Project Application Summary (FEMA Form P.2)
 - d) Project Worksheets (FEMA Form 90-91)
 - e) Applicant's Benefits Calculation Worksheet (FEMA Form 90-128)
 - f) Advance of Funds Form (DES Form 30-3)
 - g) Project Quarterly Report (DES Form 30-60)

- h) Quarterly Financial Status Report for Large Projects (FEMA Form 20-10) (used by Alaska Division of Emergency Services & Alaska Railroad Corporation only)
- i) Statement of Documentation in Support of Amount Claimed (DES Form 30-4)
- j) Project Completion and Certification Report (FEMA Form P-4).
- k) A copy of the Administrative Plan for Public Assistance.
- l) Copies of resource materials not previously provided.
- m) Small Project Cost Summary Form (DES Form 30-101)
- n) Project Final Narrative Form (DES Form 30-102)

G. Project Funding

1. **Small Projects** - Approved projects estimated to be less than the large project threshold amount established by FEMA are considered small projects. FEMA will adjust this amount annually to reflect changes in the Consumer Price Index for all Urban Consumers and publish it in the Federal Register before October 1. The determination of the threshold that will be used to classify a project is based on the declaration date of the disaster. (Funding for small projects will be based on the Project Worksheet estimate.) The State will disburse funds to the applicant after FEMA approves and obligates the Project Worksheets and the applicant completes the grant application between the subgrantee (applicant) and the grantee (State). The State may advance 30% of the Project Worksheet estimate.
2. **Large Projects** - Approved projects estimated to be equal to or greater than the large project threshold amounts are considered large projects. FEMA will adjust this amount annually as indicated in the paragraph above. The determination of the threshold that will be used to classify a project is based on the declaration date of the disaster. Large project funding is based on documented actual costs. Because of the complexity and nature of most large projects, however, work typically is not complete at the time of FEMA approval. Therefore, large projects initially are approved based on estimated costs. Funds generally are made available to the applicant on a progress payment basis as work is completed. When all work associated with the project is complete, the State performs a reconciliation of actual costs and transmits the information to FEMA for final funding adjustments. Approved funding will be obligated to the State following FEMA's approval of the Project Worksheet.
3. **Advance of Funds** – Upon the applicant's request, the State may advance an applicant 30% of the total project worksheet estimate. An applicant may request an additional advance of funds on the Project Worksheet by completing the "Advance of Funds Request" form (DES Form 30-3) and providing all backup documentation to substantiate expenditures for all previous advances. The total advance for any one Project Worksheet will not exceed 75% of the Federal and State share. An advance request will be processed for payment once it has been approved by the State. The applicant will be required to refund any part of an advance that is not supported by cost documents and/or expended for the approved scope of the Project Worksheet within 30 days of receiving the de-obligation notice from the State.
4. **Immediate Needs Funding (INF)** - is a partial advance on Emergency Work items identified during the Preliminary Damage Assessment (PDA). When a PDA is conducted, only those eligible applicants who were surveyed are eligible to receive INF. If a PDA has not taken place, the State may identify eligible applicants to receive INF funding. The State may request funding for these applicants on their behalf. INF is designed to assist the applicant in dealing with its urgent needs that will require payment within the first 60 days after the declaration. It is not intended for those items that involve Special Considerations or items of work that will require longer than 60 days to complete. These items will be funded in the normal manner as individual projects. INF is calculated using the following formula: Emergency Work amount x 50% x 75% (or appropriate federal cost share) = INF.
5. **Insurance Requirements** - 44 CFR, Subpart I establishes requirements which apply to disaster assistance provided by FEMA. Prior to approval of a FEMA grant for the repair, restoration or replacement of an insurable facility or its contents damaged by a major disaster:

- a) Eligible costs shall be reduced by the amount of any insurance recovery actually received or anticipated, relating to eligible costs. FEMA will base its determination of eligible costs on whether the insurance settlement is reasonable and proper.
 - b) The full coverage available under the standard flood insurance policy from the National Flood Insurance Program (NFIP) will be subtracted from otherwise eligible costs for an insurable facility and its contents within the special flood hazard area.
 - c) If eligible damages are greater than \$5,000, an applicant must obtain and maintain insurance to cover the facility for the hazard that caused the loss in the amount of the eligible damage to the facility.
 - d) Assistance will not be provided under Section 406 of the Stafford Act for any facility for which assistance was provided as a result of a previous major disaster unless all insurance required by FEMA as a condition of previous assistance has been obtained and maintained. The deductible amount, or damages in excess of the NFIP limits, or for flood damaged items not covered by standard NFIP policy will be eligible.
- 6. Recoupment of Federal Funds - If an approved Project Worksheet is totally or partially de-obligated, the applicant will be notified as soon as possible.
 - 7. Reimbursement by the applicant to the State will be requested once a supplemental Project Worksheet (de-obligating the approved funding) is processed.

H. Funding Options

- 1. Improved projects - If an applicant desires to make improvements, but still restore the pre-disaster function of a damaged facility, the State is authorized to make a determination on an applicant's request to conduct an improved project. However, such a request must be coordinated with FEMA to insure compliance with national historical and environmental laws. This request should contain:
 - a) The reason for requesting an improved project.
 - b) A description of the proposed work.
 - c) A schedule of work.
 - d) A cost estimate.
 - e) Information adequate to establish compliance with special requirements, including, but not limited to, floodplain management, environmental assessment, hazard mitigation, protection of wetlands, endangered species, and insurance.
- 2. Improved project requests must be submitted to the state and approved FEMA prior to starting the improved portion of the proposed work. If denied, the applicant will be notified in writing why the request was denied and advised of its right to appeal the determination.
- 3. Alternate projects - If an applicant determines that the public welfare would not be best served by restoring a public damaged facility, or the function of that facility, the State can submit a request to FEMA for an alternate project. The State will review the request for eligibility and will ensure that the request contains the following information before forwarding it to FEMA with the appropriate recommendation:
 - a) The reason for requesting an alternate project.
 - b) A description of the proposed work.
 - c) A schedule of work.
 - d) A cost estimate.
 - e) Necessary assurances to document compliance with special requirements, including, but not limited to, floodplain management, environmental assessment, historic preservation, hazard mitigation, protection of wetlands, endangered species and insurance.
 - f) Requests for alternate projects should be submitted to FEMA and approved by them prior to starting the proposed work. If the request is approved by FEMA, funding of an alternate project will be reduced to 75% of the Federal share of the approved Project Worksheet estimate.
- 4. Time Limitations - The State will ensure that approved work is completed within the following time frames from the date a major disaster or emergency is declared:

Emergency Work = 6 months

Permanent Work = 18 months

5. Time Extensions - An applicant may request a time extension on any approved Project Worksheet by submitting a written request to the State. Such a request should be submitted in writing prior to the completion date currently in effect. The State may grant a time extension if the reason for delay is based on extenuating circumstances or unusual project requirements beyond the applicant's control so long as the additional time requested does not exceed the following time frames:

Emergency Work = 6 months

Permanent Work = 30 months

6. The State will notify FEMA of all time extensions that have been approved. Requests for time extensions beyond the State's authority will be forwarded to FEMA in writing for determination with the State's recommendation in accordance with the requirements of 44 CFR, Section 206.204 (d). Work performed after the last approved completion deadline is subject to having funding reduced or withdrawn.

I. Project Completion and Closeout

1. Small project - Upon completion, the applicant will be required to submit a Small Project Cost Summary Form (DES Form 30-101), Project Final Narrative Form (DES Form 30-102) and a Project Completion and Certification Report (FEMA Form P.4) to the State certifying that the work has been completed. The applicant is required to submit backup documentation on small projects. Cost overruns on small projects will not be paid unless the net aggregate amount of all small projects exceeds the total of all combined approved small project amounts. In order to receive a supplemental for a small project the total expenditures on all of the applicant's small projects must be submitted. If a small project was 100% complete at the time the Project Worksheet was prepared and the applicant is not claiming additional funding, no further review by the State will be necessary.
2. Large project - The applicant will be required to submit a Project Final Narrative Form (DES Form 30-102) and a Statement of Documentation in Support of Amount Claimed (DES Form 30-4) to the State that lists all labor, equipment, materials and contract costs associated with making needed repairs. The applicant is required to submit backup documentation on all large projects. The State will conduct a review of the project's documentation to verify the actual project cost. If a large project was 100 percent complete at the time the Project Worksheet was prepared, the eligible cost was based on actual cost information and the applicant is not claiming additional funding, no further review by the State will be necessary. If an inspection of a completed project was not accomplished during Project Worksheet preparation, the State will conduct (or contract for) a final inspection and complete a final inspection report. For those projects of a technical nature, a qualified member of the applicable State agency to which the project pertains will conduct a final inspection. The final inspection should be completed as soon as practical following the receipt of the project cost summary from the applicant.
3. Upon completion of all approved work, the applicant will be required to submit a Project Final Narrative Form (DES Form 30-102) and a Project Completion and Certification Report (FEMA Form P.4) to the State certifying that all work has been completed in accordance with funding approvals and that all claims have been paid in full. The State will then complete DES Form 30-7 along with a closeout package and submit to FEMA.
4. If an approved project is not completed, the applicant will be required to return the federal and state funding that was provided for that project.

J. Audit Requirements.

1. Audit requirements will be in accordance with 44 CFR, Part 14 or OMB Circular A-110, as appropriate.
2. A review of all large projects (and all small projects with significant cost overruns) will be conducted by the State once those projects are completed. Applicants expending \$300,000 or more in total Federal financial assistance in a fiscal year will be required to have an audit made in accordance with the Single Audit Act Amendments of 1996 - OMB A133.
3. Applicants will be required to provide Alaska Division of Emergency Services a copy of the Single Audit.

4. Even though a Single Audit is performed, grant recipients also are subject to additional audits by FEMA Office of Inspector General and State auditors for items not covered by the Single Audit.
5. Applicants will be advised to retain records and supporting documentation for 3 years after closeout of the disaster.

K. Administrative Allowance. The State will reimburse the subgrantee an allowance to cover the extraordinary cost of requesting, receiving and administering Federal or State Disaster based on the sliding scale in accordance with 44 CFR 206.228(a)(2) (ii). The State will provide an estimate of subgrantee allowance upon request for use in planning. No other administrative costs are eligible. No other indirect costs are eligible. The State will notify the subgrantee of the final amount of the administrative allowance for eligible expenditures after receipt of the applicant's Project Completion and Certification Report (P4) is received and all expenditures are reviewed for eligibility. Subgrantees must retain records of how the administrative allowance is spent and report on total expenditures quarterly. Administrative Allowance Expenditure documentation records need not be submitted, however they must be retained for three (3) years beyond date of closeout for the disaster. These records are subject to audit.

1. Grantee Administrative Allowance - the state will be reimbursed an administrative allowance in accordance the 44 CFR 206.228(a)(2)(i).
2. Cost Share - The cost share is determined from final actual eligible project costs (whether an overrun or an underrun) and will be adjusted at the time actual eligible costs for all small projects, and each large project are determined, for the grantee and sub-grantee.
3. Cost Overruns - The State will verify all significant cost overrun appeals submitted by the applicant by conducting a review of all backup documentation and associated costs within the applicants Large Project Worksheet. In the case of a cost overrun on a Small Project Worksheet the State will conduct a review of all approved Small Project Worksheets within the applicant's project application. The State will base its recommendation for additional funding on the information obtained during the review and will forward a recommendation to FEMA for final determination.

L. Disputes/Conflict Resolution.

1. In order to expedite funding and minimize applicant appeals, the following conflict resolution process should be followed:
 - a) If an Applicant Liaison has been assigned, the applicant will notify this individual of the unresolved issue.
 - b) The Applicant Liaison should work to resolve the issue with the SPAO. If the issue remains unresolved, the Applicant Liaison should notify the GAR.
 - c) The SPAO should work to resolve the issue with the PAO.
 - d) The applicant is encouraged, but not required to follow steps a-c above before filing an appeal with the State in accordance with 44 CFR 206.206. Issues are likely to be clarified for the appeal and resolution may be expedited. The time limits within which an appeal must be filed are not affected by use of this informal process and an applicant wishing to file an appeal must meet the appeal deadlines regardless of ongoing attempts to resolve the issues.
2. Appeals - Upon receipt of a written appeal from the applicant, Alaska Division of Emergency Services will review the material submitted, make additional investigations as necessary, and forward the appeal with a written recommendation to FEMA within 60 days. An appeal must be submitted by the applicant within the following time frames:
 - a) Any FEMA determination - 60 days from the date of written notice of the determination being appealed.
 - b) Any State Time Extension determination - 60 days from the date of written notice of the determination being appealed.
 - c) Second/Final Appeal - 60 days from the date of written notice of the determination made on the first appeal.

M. Records and Reports

1. Progress Reports - The subgrantees will submit a quarterly progress report to the State (DES Form 30-60). The first quarterly report will be submitted three months from the date the DFO opened or on a quarterly schedule mutually agreed upon among FEMA and the State. Failure to provide quarterly reports may result in funding being withheld or withdrawn.
2. Closeout –
 - a) Each applicant will be closed-out once it is determined that all work has been completed, all necessary documents have been received, any appeal for small and large project overruns have been reconciled, the costs for each individual large project have been reconciled, all project payments have been made, and no further action is pending or anticipated - including litigation or lawsuits. When all applicants have been closed-out and all eligible Grantee funding has been reconciled, the State will request of FEMA that the Public Assistance Program for that disaster to be closed.
 - b) The close-out of a grant:
 - (i) Does not affect the federal agency's right to disallow costs and recover funds on the basis of a later audit or other review;
 - (ii) The grantee's obligation to return any funds due as a result of later refunds, corrections, or other transactions;
 - (iii) Records retention as required by 44 CFR, section 13.26;
 - (iv) Property management requirements in 44 CFR, section 13.31 and 13.32; and
 - (v) Audit requirements in 44 CFR, section 13.26.
2. Financial Status Report (SF FEMA 20-10) – Alaska Division of Emergency Services shall submit the financial reports, to include sub-grantee information, to the FEMA Region 10 office 30 days after the end of the first federal quarter following the initial grant award. Financial Reports will be submitted to FEMA at least quarterly thereafter for State administered disaster assistance programs authorized by the Stafford Act. Reports are due January 31, April 30, July 31 and October 31.
3. Project Documentation (Record Retention) - The applicant will be required to keep complete records of all work (i.e. receipts, checks, job orders, contracts, equipment usage documentation and payroll information) funded under the Public Assistance Program for three years from the date the disaster is closed by FEMA. During this three-year period, all approved Project Worksheets are subject to State and Federal audit/review.

VII. DEVELOPMENT AND MAINTENANCE

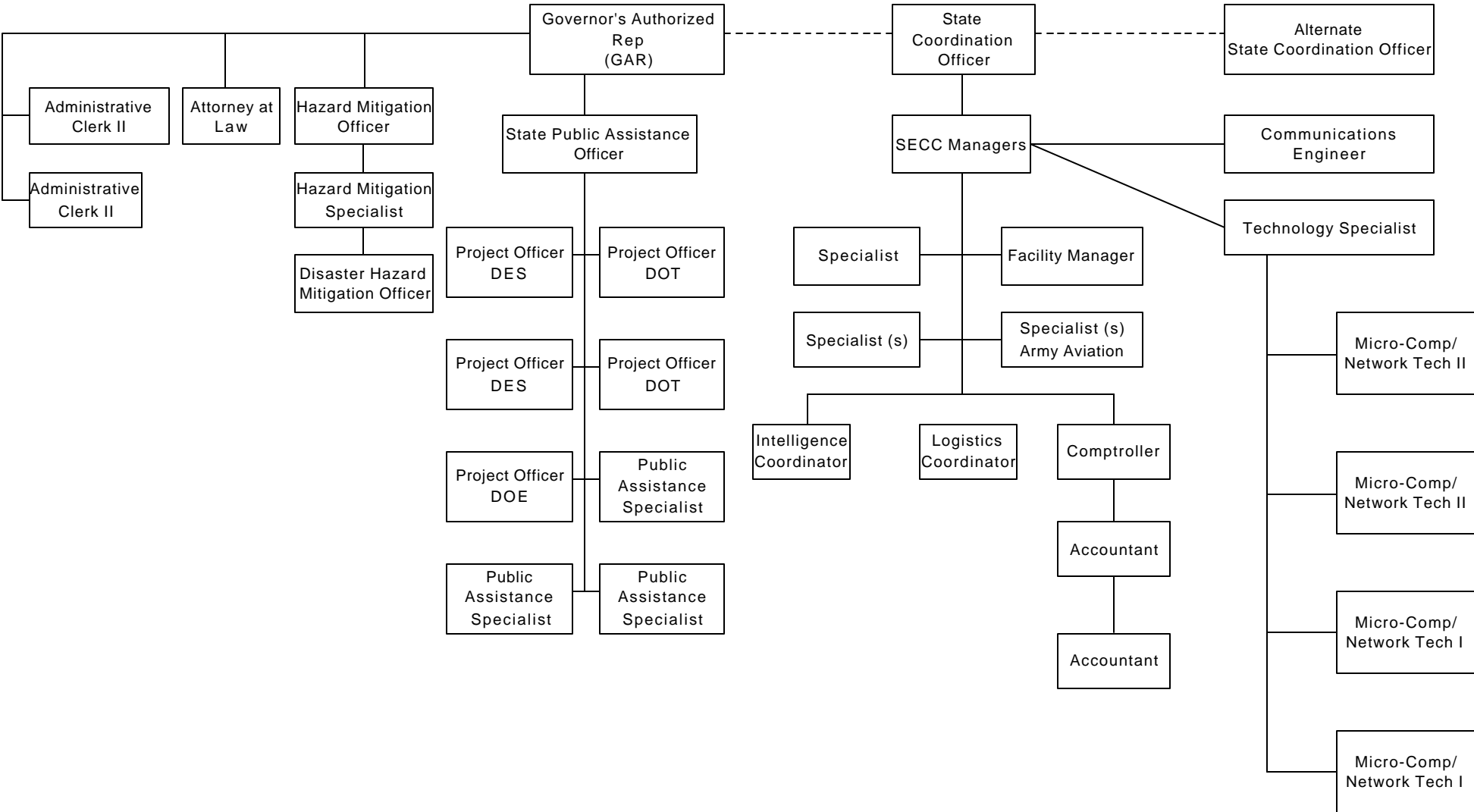
This plan will be reviewed and updated annually. Amendments will be made to meet current policy guidelines, as required. Revisions will be forwarded to the Regional Director of the Federal Emergency Management Agency.

APPENDIX 1
ORGANIZATION CHART
(A1-1, Response and Recovery)
(A1-2, Alaska Division of Emergency Services)

Staffing for the management of the PA program done with Full Time State staff will only be eligible for their overtime to be charged to this program's administrative allowance if applicable. Temporary hires made to assist with the program will have their entire costs charged to the program. The State also employs several full time staff that are funded only for work on disasters. Their salary (regular and overtime) will be charged directly to this program if they actually perform work in the program. They are directed to track their time by half-hour segments for all activities. The Direct Disaster personnel are Andresa Lankford, John Clifton, Kerre Fisher, and Tom Smayda.

Department of Military & Veterans Affairs

Response & Recovery



APPENDIX 2

APPLICANT'S BRIEFING

STATE EMERGENCY MANAGEMENT

APPLICANTS' BRIEFING OUTLINE

A. GENERAL

- Sign-in Sheet
- Applicant Packet

INTRODUCTION

- Fact Sheet
- Disaster Field Office
- Introduction to Public Assistance
- Eligible Applicants

STATE REQUIREMENTS

REQUEST FOR PUBLIC ASSISTANCE

DESIGNATION OF THE APPLICANT'S AGENT

PROJECT WORKSHEET (PW) PREPARATION

- Kickoff Meeting
- Cost Estimating Process/Role of the FEMA Public Assistance Coordinator
- Project Worksheet (FEMA Form 90-91)
- Categories of eligible work
- FEMA Approved Equipment Rates
- Special Considerations (Insurance, Mitigation, Environmental, Historical issues)

PROJECT APPLICATION

- Request for Public Assistance (FEMA Form 90-49)
- Assurances and Agreements (DES Form 30-58)
- Package Pick-up Checklist/State Contract with Subgrantees
- Obligation Report
- Project Worksheets
- Project Completion and Certification Report

PROJECT FUNDING

- Federal share/Non-Federal share
- Immediate Needs Funding
- Large Projects
- Small Projects
- Administrative Allowance

PERFORMING APPROVED WORK

- Parameters (Scope of Work, Completion date, Cost estimate)
- Force Account Work
 - FEMA Approved Equipment Rates
- Contract Work
- Bidding Requirements
- Engineering and Design Services
- Debarred Contractors
- Request for Improved Projects
- Request for Alternate Projects

TIME LIMITATIONS

- Emergency work
- Permanent Work
- Extensions

PROJECT COMPLETION

- Project Completion and Certification Report
- Project Cost Summary
- Project Review
- Final Inspection
- Quarterly Progress Reports (Large Projects)
- Insurance Requirements

APPEALS

- Any FEMA determination
- Cost overrun (on small DSRs)

QUESTIONS / ANSWERS

USER NOTES and DEFINITIONS

Applicants' Briefing - The State's Public Assistance Officer conducts the Applicants' Briefing. The briefing provides specifics about the disaster declaration and an overview of the procedures for applying for public assistance. A slide presentation of FEMA's procedures for public assistance is available on the FEMA website (<http://www.fema.gov/r-n-r/brief.htm>) for states to download and use as part of the briefing. These meetings are generally conducted within a few days after the declaration. The Request for Public Assistance forms are usually distributed and collected at this time.

The State should convey the following to applicants who are notified to attend the Applicants' Briefing:

- Their Agent, or an appointee who will actually be using the information, should attend the meeting.
- Complete and submit the Request for Public Assistance form at the meeting to avoid delay in getting the process started. Once the form is turned in, the subgrantee will be assigned a Public Assistance Coordinator (PAC) who should contact them within one (1) week from the time the Request form is submitted (see Kickoff Meeting below).
- If a subgrantee has an Immediate Needs Funding (INF) request, they should bring it to the attention of the State representative.

During the Applicants' Briefing, the State should convey the following to applicants:

1. Compile a list of all damages and bring the list to the Kickoff Meeting.
2. The PAC and the SPAO will show subgrantees how to prepare detailed descriptions and summaries for their small repair projects. By the end of the Kickoff Meeting, the subgrantee will have received the information they need to proceed with disaster recovery and should understand what to expect.
3. Subgrantees will be asked to identify circumstances that require special review, such as insurance coverage, environmental and historic preservation requirements, and floodplain management. The earlier these conditions are known, the faster they can be addressed and funding approved. Subgrantees are encouraged to participate fully in managing their repair projects, particularly small projects less than the approved threshold amount. The threshold is adjusted annually on October 1 to reflect changes in the Consumer Price Index for all Urban Customers. The new threshold is published by FEMA in the Federal Register.
4. At the Kickoff Meeting, subgrantees should request clarification on anything they do not understand and raise points on items with which they do not agree. Full discussion

and regular interaction with the recovery team will help to resolve issues and expedite project approvals.

5. Subgrantees are encouraged to contact their PAC or SPAO when questions arise or they need assistance.
6. Subgrantees are responsible for maintaining records of completed work and work to be completed. The SPAO will provide a detailed list of required records and can recommend ways of organizing them.

Kickoff Meeting - The first substantive meeting with a FEMA representative, the PAC, a State representative and SPAO, is called the Kickoff Meeting. The meeting occurs after the Applicants' Briefing. At this meeting a subgrantee's damages will be discussed, needs assessed and a plan of action developed. The PAC and the SPAO will review what is expected of the subgrantee, and provide detailed instructions on required actions. The PAC, in coordination with the SPAO, contacts the subgrantee to set up the meeting. This meeting should address any questions or concerns the subgrantee has about the Public Assistance program.

APPENDIX 3

SAMPLE PROJECT APPLICATION

Date

Name
Title
Address 1
City, State, Zip

Dear :

Thank you for expressing an interest in applying for assistance for damages incurred from the _____ Disaster.

Our agency is developing your Project Worksheet packages. Once we receive the forms listed below, we will work on determining the eligibility of your Project Worksheets.

Enclosed are the forms necessary to process your projects. Please fill out the forms and return them to our office as soon as possible but no later than (insert date, State – 30 days, FEMA 60 days).

1. Designation of Applicant's Agent - requires signature and return.
2. Assurances and Agreements - requires signature, notary and return.
3. Waiver of Sovereign Immunity, if applicable - requires signature and return.
4. Summary of Grant Conditions - requires signature and return.

Item number 3, Waiver of Sovereign Immunity should be filled out if you are officially designated as a Sovereign entity.

After we receive the faxed copy of the signed original documents as outlined above, we will process your application for assistance. Original signed documentation is received by DES within fourteen (14) days thereafter. You will receive additional correspondence regarding the status of your projects and instructions for receiving reimbursements.

We have also included the Applicant Information Packet, which explains the requirements necessary to obtain funding for eligible projects and other administrative requirements.

We look forward to assisting your community. If you have any questions, please contact, Public Assistance Officer at 1-800-478-2337 or 907-428-7000.

Sincerely,

(Name)
Community Services Manager

xxx:xxx

Enclosures: as stated

**FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR PUBLIC ASSISTANCE**

O.M.B. No. 3067-0151
Expires April 30, 2001

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). **NOTE:** Do not send your completed form to this address.

APPLICANT (*Political subdivision or eligible applicant.*)

DATE SUBMITTED

COUNTY (*Location of Damages. If located in multiple counties, please indicate.*)

APPLICANT PHYSICAL LOCATION

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS

POST OFFICE BOX

CITY

STATE

ZIP CODE

Primary Contact/Applicant's Authorized Agent

Alternate Contact

NAME

NAME

TITLE

TITLE

BUSINESS PHONE

BUSINESS PHONE

FAX NUMBER

FAX NUMBER

HOME PHONE (Optional)

HOME PHONE (Optional)

CELL PHONE

CELL PHONE

E-MAIL ADDRESS

E-MAIL ADDRESS

PAGER & PIN NUMBER

PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? ☐ Yes ☐ No

Private Non-Profit Organization? ☐ Yes ☐ No

If yes, which of the facilities below best describe your organization? _____

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

Official Use Only: FEMA-

-
DR-

FIPS
#

Date
Received:

DESIGNATION OF APPLICANT'S AGENT**PUBLIC ASSISTANCE**

Organization Name (hereafter named Organization)

Primary Agent**Secondary Agent**

Agent's Name

Agent's Name

Organization

Organization

Official Position

Official Position

Mailing Address

Mailing Address

City, State, Zip

City, State, Zip

Daytime Telephone

Daytime Telephone

Fax Number

Fax Number

Pager or Cell Number

Pager or Cell Number

The above Primary and Secondary Agents are hereby authorized to execute and file Application for Public Assistance on behalf of the Organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or otherwise available. This agent is authorized to represent and act for the Organization in all dealings with the State of Alaska for all matters pertaining to such disaster assistance required by the agreements and assurances printed on the reverse side hereof.

Chief Financial Officer**Certifying Official**

Name

Name

Organization

Organization

Official Position

Official Position

Mailing Address

Mailing Address

City, State, Zip

City, State Zip

Daytime Telephone

Daytime Telephone

Fax Number

Fax Number

Pager or Cell Number

Pager or Cell Number

Applicant's State Cognizant Agency for Single Audit Purposes (if a Cognizant Agency is not assigned, please indicate):

Applicant's Fiscal Year (FY) Start

Month:**Day:**

Applicant's Federal Employer's Identification Number

-

Applicant's State Pay Identification Number

-

-

Certifying Official's Signature

DISASTER PUBLIC ASSISTANCE GRANT

Name of Applicant

GRANT NUMBER _____

ASSURANCES AND AGREEMENTS

As a condition of receiving disaster assistance, as indicated by the signature of duly authorized representative of the applicant below, the applicant certifies and agrees as follows:

- 1. Legal Authority.** The applicant possesses legal authority to apply for the grant, and to finance and construct the proposed facilities; that a resolution, motion, or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
- 2. Eligible Work.** To the best of the applicant's knowledge and belief, the disaster relief work described on each Federal Emergency Management Agency (FEMA) project worksheet for which federal and state financial assistance is requested is eligible in accordance with the criteria contained in 44 Code of Federal Regulations (CFR), Part 206, and applicable FEMA Handbooks and policies.
- 3. No Duplication of Assistance.** The disaster assistance will not duplicate assistance or benefits received for the same loss from another source including insurance.
- 4. Regularly Appropriated Monies.** If applicant is a state or local agency, applicant certifies that any regularly appropriated monies will be exhausted before acceptance and use of disaster relief funds.
- 5. Insurance.** The Applicant accepts responsibility for acquiring any necessary liability insurance. Applicant also agrees to provide workers' compensation insurance as required by AS 23.30 for all employees engaged in work funded by the grant. Applicant shall require any contractor to provide and maintain workers' compensation insurance for its employees as required by AS 23.30. It will comply with the insurance requirements of Section 311, PL 93-288. An applicant shall comply with regulations prescribed by the President to assure that, with respect to any property to be replaced, restored, repaired, or constructed with the disaster assistance, such types and extent of insurance will be obtained and maintained as may be reasonably available, adequate, and necessary, to protect against future loss to such property.
- 6. Lands, Easements, Rights-of-way, and Permits.** The applicant agrees to provide without cost to the State or federal government all lands, easements, and rights-of-way necessary for accomplishment of the approved work and to obtain all necessary permits.
- 7. Floodplain Management.** The applicant will comply with the provisions of: Executive Order 11988, relating to Floodplain Management and Executive Order 11990, relating to Protection of Wetlands.
- 8. National Flood Insurance.** The applicant will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Statue. 975, and approved December 31, 1973. Section 102(a) requires that on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available is a condition for the receipt of any federal financial assistance for construction, acquisition purposed for use in any area that has been identified by the Director, Federal Emergency Management Agency as an area having special flood hazards. The phrase "Federal Financial Assistance" includes forms of loan, grant guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
- 9. Disaster Mitigation.** The applicant agrees to undertake and complete any mitigation measures required as a condition of this grant.
- 10. Equal Opportunity Employment.** The applicant may not discriminate against any employee of applicant for employment because of race, religion, color, national origin, age, physical handicap, sex, marital status, changes in marital status, pregnancy or parenthood.

11. Wage Rates. The applicant will comply with the applicable wage and hourly provisions of A.S. 36.05.010 - 110 (Alaska Little Davis-Bacon Act).

12. Audit Requirements

- A. Federal:** The applicant agrees that, as a condition of receiving any federal financial assistance, an A-133 audit of those federal funds will be performed, if required by law, and further agrees it will comply with all applicable audit requirements.
- B. State:** If the applicant is an entity that received federal financial assistance totaling \$300,000 or more during the entity's fiscal year, the applicant shall submit to the state coordinating agency, within one year after the end of the audit period, an annual audit report covering the audit period. See 2 AAC 45.010.

13. Grant Administration Procedures The applicant agrees to follow grant administration and accounting procedures required by the Department of Military and Veteran's Affairs, Division of Emergency Services (DES) as set out in guidance and forms provided by ADES.

14. Project Cost Eligibility.

- A.** The eligibility of project costs to be paid by disaster assistance monies shall be determined by 44 Code of Federal Regulations (CFR) and related Federal Emergency Management Agency (FEMA) policies which are available on the FEMA website at www.fema.gov or in hard copy by request.
- B.** Cost plus a percentage of cost and percentage of construction cost methods of contracting shall not be used. Project contracts must be competitively bid.

15. Project Operation and Maintenance. The applicant will operate and maintain the facility in accordance with the minimum standards as may be required or prescribed by the applicable Federal, State and local agencies for the maintenance and operation of such facilities.

16. Project Standards.

- A.** The applicant will provide and maintain competent and adequate architectural engineering supervision and inspection at the construction site to ensure that the completed work conforms with the approved plans and specifications.
- B.** The applicant will require the facility to be designed to comply with the "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by the Physically Handicapped," Number A117.1-1961, as modified (41 CFR 101-17-7031). The applicant will be responsible for conducting inspections to ensure compliance with these specifications by the contractor.
- C.** The applicant, will for any repairs or construction financed herewith, comply with applicable standards of safety, decency and sanitation and in conformity with applicable codes, specifications and standards; and will evaluate the natural hazards in areas in which the proceeds of the grant or loan are to be used and take appropriate action to mitigate such hazards, including safe land use and construction practices.

17. Project Completion Timelines Progress Reports. The applicant will cause work on the project to commence within a reasonable time after receipt of notification from the Division of Emergency Services that funds have been approved and will see that work on the project proceeds to completion with reasonable diligence and in compliance with 44 CFR 206.204. The applicant will furnish quarterly progress reports for large projects and any other reports as required by ADES.

18. Access To Records. The applicant will give ADES and the federal Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.

19. State Right of Enforcement. These assurances and agreements are given in consideration of, and for the purpose of obtaining any and all disaster grants, loans, reimbursements, advances, contracts, property, discounts, or other disaster related financial assistance. The applicant acknowledges and agrees that such financial assistance is extended in reliance on the representations and agreements made in this assurance and that the State shall have the right to seek judicial enforcement of these assurances and agreements.

20. Assurances and Agreements Binding on Applicant's Successors, Transferees, and Assignees. These Assurances and Agreements are binding on the applicant, its successors, transferees and assignees.

21. Waiver of Sovereign Immunity. If the applicant is an entity that possesses sovereign immunity it agrees that it shall be subject to suit for actions arising out of the project activities in the same manner, and to the same extent, as any person and shall not be immune nor exempt from any administrative or judicial process, sanction or judgment. If the applicant is an entity that possesses sovereign immunity and it has not been waived by statute, the applicant shall provide the Division of Emergency Services with a resolution of it's governing body waiving sovereign immunity.

22. Applicable Law. This agreement is to be construed according to the laws of the State of Alaska. Any civil action arising from this Agreement shall be brought in the Superior Court for the Third Judicial District of the State of Alaska at Anchorage.

23. Hold Harmless. The applicant agrees to indemnify and hold harmless the State of Alaska and the United States and their officers, agents and employees from and against any and all claims, damages, losses and expenses, including attorney's fees and costs, arising directly or indirectly out of any aspect of the projects and funding set forth and described in this application. The applicant is not required to indemnify State of Alaska or the United States for their sole negligence.

24. Compliance with Laws. The applicant agrees to comply with all federal, state, and local laws and regulations applicable to this grant or the projects funded by the grant including but not limited to FEMA regulations, policies, guidelines and requirements, as applicable; OMB circulars A-95, A-102, and A-133; Section 311, PL 93-288 and Title VI of the Civil Rights Act of 1964; Title II and Title III of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970; and the Hatch Act.

25. Nonwaiver. The failure of the State at any time to enforce a provision of this agreement shall in no way constitute a waiver of the provision, nor in any way affect the validity of this Agreement or any part hereto, or the right of the State to enforce each and every provision hereof.

26. Severability. If any article, section, provision, or clause of this agreement should be adjudicated by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the agreement shall remain in full force and effect as if such article, section, provision, or clause, or any part so adjudicated to be invalid had not been included herein.

27. Amendments. Amendments to the provisions of this agreement are required to be in writing and shall be executed by the authorized representatives of the parties.

28. Retention of Records. The applicant agrees to retain records and supporting documentation for three years after closeout of the disaster.

As the authorized representative of _____, I have reviewed this agreement and agree to comply with its provisions as a condition of receiving disaster grant assistance.

Typed name and Title of Authorized Representative

Signature

Date

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 200_.

Notary Public in and for
The State of Alaska
My Commission expires: _____

FEDERAL DISASTER PUBLIC ASSISTANCE GRANT

GRANT NUMBER _____

MEMORANDUM OF AGREEMENT

The purpose of this memorandum of agreement between the Department of Military and Veterans' Affairs, Division of Emergency Services (DES) and the Department of {name} (Department) is to clarify the duties and responsibilities between the State agencies as a condition of the Department receiving disaster assistance money for the damages caused by the (event). DES and the Department agree as follows:

1. **Eligible Work.** To the best of the Department's knowledge and belief, the disaster relief work described on each Federal Emergency Management Agency (FEMA) project worksheet for which federal and state disaster relief funds are requested is eligible in accordance with the criteria contained in 44 Code of Federal Regulations (CFR), Part 206, and applicable FEMA Handbooks and policies.
2. **No Duplication of Assistance.** The disaster assistance will not duplicate assistance or benefits received for the same loss from another source including insurance.
3. **Regularly Appropriated Monies.** The Department certifies that any regularly appropriated monies will be exhausted before acceptance and use of disaster relief funds.
4. **Insurance.** The Department will comply with the insurance requirements of Section 314, PL 93-288, to obtain and maintain any other insurance as may be reasonable, adequate, and necessary to protect against further loss to any property which was replaced, restored, repaired or constructed with this grant for disaster assistance.
5. **Lands Easements, Rights-of-way, and Permits.** The Department understands that it is responsible for paying for obtaining any lands, easements, and rights-of-way necessary for accomplishment of the approved work and that these costs are not eligible expenses.
6. **Grant Administration.** The applicant agrees to follow grant administration and accounting procedures required by (DES) as set out in guidance and forms provided by DES. DES will provide technical advice to the Department concerning state and federal disaster grant requirements.
7. **Project Completion Timelines and Progress Reports.** The Department will cause work on the project to commence within a reasonable time after receipt of notification from DES that funds have been approved and will see that work on the project proceeds to completion with reasonable diligence. The Department will furnish quarterly progress reports for large projects and any other reports as required by ADES.
8. **Retention and Access to Records.** The Department understands that DES and the federal Comptroller General, through any authorized representative, has access to and the right to examine all records, books, papers, or documents related to the grant. The Department will maintain all records related to the project for three years after the date the Federal Emergency Management Agency closes the disaster.
9. **Amendments.** Amendments to the provisions of this Memorandum of Agreement are required to be in writing and shall be executed by the authorized representatives of the parties.

Approved: _____
Department Name Signature Date

Approved: _____
Division of Emergency Services Signature Date

WAIVER OF SOVEREIGN IMMUNITY

Grant Agreement Number: _____

RESOLUTION NUMBER: _____

A RESOLUTION OF THE {name of native village} accepting State of Alaska, Division of Emergency Services grant number {grant number} for the {name of project} and waiving sovereign immunity from suit for actions arising out of, or in connection with, the grant.

WHEREAS, the Division of Emergency Services requires as a condition of the grant that the {name of native village} irrevocably waive any sovereign immunity which it may possess, and consent to suit against itself or its officials as to all causes of action arising out of or in connection with the grant agreement;

NOW THEREFORE BE IT RESOLVED THAT:

1. THE {name of native village} irrevocably waives its sovereign immunity and agrees that it shall be subject to suit under the laws of the State of Alaska by the State of Alaska or by any person, in Alaska state court or in any other court of competent jurisdiction, for activities arising out of or in connection with the grant number {grant number} in the same manner, and to the same extent as any person and shall not be immune or exempt from any administrative or judicial process, sanction or judgment.

2. {Authorized Official} is hereby authorized to negotiate, administer and execute on behalf of {name of native village} grant number {number} for the {name of project} and to negotiate, execute, and administer any other documents, agreements, and contracts required under or related to the grant agreement including the Assurances and Agreements required as a condition of the grant and any subsequent grant amendments.

PASSED AND APPROVED BY THE {name of native village}. On {month and day}, 200_.

IN WITNESS THERETO:

Signature _____ Title _____

Attest: SIGNATURE OF CLERK/SECRETARY

Signature _____ Title _____

Division of Emergency Services (DES)

Summary of Grant Conditions for All Applicants

Below are a few items that may assist the applicants with the paperwork requirements for this disaster. For more detailed information, please refer to the Applicant Information Packet.

1. Any additional damages or requests for additional Project Worksheets must be submitted to DES within 60 days from initial inspection.
2. Work must be completed by the project completion deadlines. Should additional time be required to complete the approved work, a time extension request must be submitted prior to the existing completion date which a.) Identifies the PW requiring an extension, b.) Explains the reason for needing an extension, c.) Indicates the percentage of work that has been completed and d.) Provides an anticipated completion date. The reason for needing an extension must be based on extenuating circumstances or unusual project requirements that are beyond the control of your jurisdiction/organization. **Failure to submit a time extension request may result in losing funding for the entire project.**
3. If you wish to make changes to the scope of work identified on the Project Worksheets (PW), a written request must be submitted to DES and approved before the work is performed. DES will notify the applicant if the changes are approved.
4. Once a PW is complete, there are several pieces of documentation required before the applicant can receive funding. Please review the additional information within this packet for a complete list of documentation necessary.
5. If you expect to have a cost overrun, a written request must be submitted to DES before expenditures are made, identifying why there will be an overrun along with an itemized list of expenses. DES will notify you in writing if these expenses are eligible items.
6. If you wish to appeal a decision made by the State, you must submit a written appeal to DES within 60 days from the date of written notice of the determination being appealed.
7. Project Worksheets will not receive funding until all regulatory and statutory requirements have been met.
8. You may request up to a 30 percent advance of funds by completing the "Request for Funds" form (DES Form 30-3). The applicant must submit copies of invoices, timecards and other documentation to demonstrate expenditures of the 30 percent before any additional funds will be advanced.
9. The Administrative Allowance for applicants covers direct and indirect costs incurred in requesting, obtaining, and administering public assistance grants. No other administrative or indirect costs incurred by an applicant are eligible.

Examples of the activities that this allowance is intended to cover include:

- Identifying damage;
- Attending the Applicants' Briefing;
- Completing forms necessary to request assistance;
- Establishing files, and providing copies and documentation;
- Assessing damage, collecting cost data, and developing cost estimates; and
- Working with the State during projects monitoring, final inspection, and audits.

The allowance is not intended to cover direct costs of managing specific projects that are completed using public assistance funds. These costs are eligible as part of the grant for each project, as long as they can be specifically identified and justified as necessary to do the work.

The Administrative Allowance for an applicant is calculated as a percentage of all approved eligible costs that the applicant receives for a given disaster. Therefore only an estimate of the Administrative Allowance can be provided until project completion. At closeout applicants will provide a summary of eligible administrative expenses to date for payment.

10. Applicants are required to submit project Quarterly Reports (DES Form 30-60) on each project that remains open to include total Administrative Funds expended. See the Quarterly Report Form due dates.

11. Complete records and cost documents for all approved work must be maintained for at least 3 years after the Federal Emergency Management Agency closes the disaster. During this time, all approved Project Worksheets are subject to State audit/review.

By signing this document, you attest that you have read the information within this packet and understand the forms and requirements of documentation required to receive funds for the (disaster). If you have questions at any time, you can contact the Alaska Division of Emergency Services at 1-800-478-2337.

Signature / Date (State)

Signature / Date (Applicant)

APPENDIX 4

SAMPLE GRANT AWARD PACKAGE

Date

Name
Agency
Address
City, State, Zip

Re: Disaster name & Number

Dear :

Enclosed are your copies of approved Project Worksheets (PW's) for the _____ disaster. If you disagree with elements of the project worksheet, you have 60 days from the date of this letter to appeal. See below for more information on making an appeal.

If you have PW's that are pending approval, they will be transmitted to you in future correspondence.

The State of Alaska will be responsible for reimbursing you for all eligible expenditures associated with the approved PW's. An applicant is only entitled to be reimbursed for those costs that are eligible.

If you anticipate a cost overrun, you must submit in writing a request to exceed your authorized project approved dollar amount prior to spending the money. The request must explain why there is a cost overrun and amount of the projected cost overrun. We will notify you of our decision in writing.

Enclosed is the Applicant Form Packet. It explains all the necessary forms and documentation required to be reimbursed for your projects.

Throughout this process, if you do not agree with determinations regarding project eligibility, time limits, funding, or any other determination made about the PW's, an appeal process is available for review and reconsideration of the situation. The appeal procedure requires that you make a written request for reconsideration directly to this office, specifically identifying the action under appeal and giving an appropriate justification for the appeal. Any related documentation supporting the appeal should be attached to your letter of request. Appeals must be made within 60 days of the date of this letter.

If you need additional information or clarification please contact the Public Assistance Officer, 907-428-7000 or 1-800-478-2337.

Sincerely,

(Name)
Community Services Manager

xxx:xxx

DATE:

**FEDERAL EMERGENCY MANAGEMENT AGENCY
SMALL PROJECT PUBLIC ASSISTANCE GRANT SUMMARY
(P.2)**

Disaster #:

State: AK

PA ID#:

(City of)

PW#	VSN	CAT	INF	Cost Share	Projected Completion Date	Approved PW Amount
-----	-----	-----	-----	---------------	------------------------------	-----------------------

Site #:

DAMAGED FACILITY: (City of)

FACILITY LOCATION:

SCOPE OF WORK:

PW#	VSN	CAT	INF	Cost Share	Projected Completion Date	Approved PW Amount
-----	-----	-----	-----	---------------	------------------------------	-----------------------

Site #:

DAMAGED FACILITY: (City of)

FACILITY LOCATION:

SCOPE OF WORK:

PWs	\$ Amount Eligible	\$ Federal Share
PWs:		

SUBGRANTEE ADMIN EXP:

TOTAL:

GRAND TOTAL:

PWs	\$ Amount Eligible	\$ Federal Share
PWs:		

SUBGRANTEE ADMIN EXP:

TOTAL:

GRANTEE ADMIN EXP:

APPROVED BY:

DATE:

FEDERAL EMERGENCY MANAGEMENT AGENCY
PROJECT COMPLETION AND CERTIFICATION REPORT (P.4)
Disaster #: _____ **State:** **AK**

PW#	VSN	PKG#	IN F	CAT	Work Done By	Projected Completion Date	Approved PW Amount	% Completed at Inspection	Actual Date Completed	Amt. Claimed By Applicant	Comments:
-----	-----	------	------	-----	--------------	---------------------------	--------------------	---------------------------	-----------------------	---------------------------	-----------

SITE #:
DAMAGED FACILITY: (City of)
FACILITY LOCATION:

\$

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL WORK AND COSTS CLAIMED ARE ELEIGIBLE IN ACCORDANCE WITH THE GRANT CONDITIONS, ALL WORK CLAIMED HAS BEEN COMPLETED, AND ALL COSTS CLAIMED HAVE BEEN PAID IN FULL .

I RECOMMEND AN APPROVED \$
AMOUNT OF

SIGNED: _____ DATE: _____
GOVERNOR'S AUTHORIZED REPRESENTATIVE

DATE:

FEDERAL EMERGENCY MANAGEMENT AGENCY

PUBLIC ASSISTANCE GRANT SUMMARY (P.5)

Disaster #:State: AK

APPLICANT:

(City of)

PKG	Date Approved	PW#	CAT	INF	Cost Share	Project Amount	Federal Share	Subgrantee Admin	Total Approved
-----	------------------	-----	-----	-----	---------------	-------------------	---------------	---------------------	----------------

APPLICANT TOTAL IN PKG

APPLICANT TOTAL IN PKG

APPLICANT TOTAL:

TOTAL for report:

PROJECT WORKSHEET

O.M.B. No.

Expires

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). **NOTE:** Do not send your completed form to this address.

DECLARATION NO. FEM _____ -DR- _____	PROJECT NO.	FIPS NO.	DATE	CATEGORY
---	-------------	----------	------	----------

DAMAGED FACILITY	WORK COMPLETE AS OF: _____ : _____ %
------------------	---

APPLICANT	COUNTY
-----------	--------

LOCATION	LATITUDE	LONGITUDE
----------	----------	-----------

DAMAGE DESCRIPTION AND DIMENSIONS

SCOPE OF WORK

Does the Scope of Work change the pre-disaster conditions at the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Considerations issues included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard Mitigation proposal included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there insurance coverage on this facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROJECT COST

ITE	CODE	NARRATIVE	QUANTITY/UNI	UNIT PRICE	COST
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
				TOTAL COST	\$0.00

PREPARED BY:	TITLE:
--------------	--------

REPLACES ALL PREVIOUS EDITIONS.

**FEDERAL EMERGENCY MANAGEMENT AGENCY
PROJECT WORKSHEET
INSTRUCTIONS**

The Project Worksheet must be completed for each identified damaged project.

Projects with estimated or actual cost of damage greater than \$52,000 (FY 02) are large projects.

Projects with estimated or actual cost of damage less than \$52,000 (FY 02) are small projects.

After completing Project Worksheets, submit the worksheets to your Public Assistance Coordinator.

Identifying Information

Declaration No: Indicate the disaster declaration number as established by FEMA (i.e. "FEMA 1136-DR-TN", etc.).

Project No: Indicate the project designation number you established to track the project in your system (i.e. 1, 2, 3, etc.).

FIPS No: Indicate your FIPS number within this space. This is optional.

Date: Indicate the date the worksheet was prepared in MM/DD/YY format.

Category: Indicate the category of the project according to FEMA specified work categories. This is optional.

Applicant: Name of the governmental or other legal entity to which the funds will be awarded.

County: Name of the county where the damage is located. If located in multiple counties, indicate "Multi-County."

Damage facility: Identify the facility and describe its basic function.

Work Complete as of: Indicate the date that the work was examined in the format of MM/DD/YY and the percentage of work completed to that date.

Location: This item can range anywhere from an "address," "intersection of..." "1 mile south of ...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.

Damage Description and Dimensions: Describe the disaster-related damage to the facility, including the cause of the damage and the area or components affected.

Scope of Work: List work that has been completed, and work to be completed, which is necessary to repair disaster-related damage. Include items recorded on the preliminary damage assessment.

Does the Scope of Work change the pre-disaster conditions of the site: If the work described under the Scope of Work changes the facilities conditions (i.e. increases / decreases the size or function of the facility or does not replace damaged components in kind with like materials), check (✓) yes. If the Scope of Work returns the site to its pre-disaster configuration, capacity and dimensions check (✓) no.

Special Considerations: If the project includes insurable work, and/or is affected by environmental (NEPA) or historic concerns, check (✓) either the Yes or No box so that appropriate action can be initiated to avoid delays in funding. Refer to *Applicant Guidelines* for further information.

Hazard Mitigation: If the pre-disaster conditions at the site can be changed to prevent the disaster-related damage, check (✓) Yes. If no opportunities for hazard mitigation exist check (✓) no. Appropriate action will be initiated and avoid delays in funding. Refer to *Applicant Handbook* for further information.

Is there insurance coverage on this facility: Federal law requires that FEMA be notified of any entitlement for proceeds to repair disaster-related damages, from insurance or any other source. Check (✓) yes if any funding or proceeds can be received for the work within the Scope of Work from any source besides FEMA.

Project Cost

Item: Indicate the item number on the column (i.e. 1, 2, 3, etc.). Use additional forms as necessary to include all items.

Code: If using the FEMA cost codes, place the appropriate number here.

Narrative: Indicate the work, material or service that best describes the work (i.e. "force account labor overtime", "42 in. Dia. RCP", "sheet rock replacement", etc.).

Quantity/Unit: List the amount of units and the unit of measure ("48/cy", "32/lf", "6/ea", etc.).

Unit Price: Indicate the price per unit.

Cost: This item can be developed from cost to date, contracts, bids, applicant's experience in that particular repair work, books which lend themselves to work estimates, such as RS Means, or by using cost codes supplied by FEMA.

Total Cost: Record total cost of the project.

Prepared By: Record the name and title of the person completing the Project Worksheet.

Record Requirements

Please review the Applicant Handbook for detailed instructions and examples.

For all completed work, the applicant must keep the following records:

- Force account labor documentation sheets identifying the employee, hours worked, date and location;
- Force account equipment documentation sheets identifying specific equipment, operator, usage by hour/mile and cost used;
- Material documentation sheets identifying the type of material, quantity used and cost;
- Copies of all contracts for work and any lease/rental equipment costs.

For all estimated work, keep calculations, quantity estimates, pricing information, etc. as part of the records to document the "cost/ estimate" for which funding is being requested.

ALASKA DIVISION OF EMERGENCY SERVICES

Request For Advance Form

Fill out a separate form for each Project Worksheet (PW). Maximum allowed advance is 30% of approved PW amount.

PW Number:		Project Name:	
APPLICANT INFORMATION			
APPLICANT NAME:			
STREET:			
CITY/ZIP:			
APPROVED PROJECT WORKSHEET AMOUNT:		\$	
TOTAL AMOUNT OF PRIOR ADVANCES:		\$	
AMOUNT THIS REQUEST: (Max of 30% of PW)		\$	
MAIL CHECK TO:		DEPOSIT CHECK FOR APPLICANT:	
		BANK NAME: _____	
		ACCOUNT #: _____	
THE APPLICANT AGREES:			
<ol style="list-style-type: none">1. That the funds will be placed in a special and separate account.2. That the funds will be used only for the approved actual expenditures.3. That any funds received, which are in excess of the approved actual expenditures, will be promptly refunded to the State upon completion of the project.4. Any interest earned while these funds are on deposit will be promptly credited to the account.5. No additional funds will be advanced until the applicant provides financial documents to DES verifying expenditures for the first 30% advance.			
DATE:		TITLE:	
SIGNATURE:			
BELOW IS FOR ADES USE ONLY			
APPROVED ____ DISAPPROVED ____		AMOUNT:	
COMMENTS:			
DATE:			
SIGNATURE:		TITLE:	

Alaska Division of Emergency Services (DES) Project Quarterly Report

This form is required to be submitted on a quarterly basis for each Project Worksheet (PW). If you have any questions, please contact at the Alaska Division of Emergency Services (ADES) at 1-800-478-2337 or 907-428-7000. This form can be faxed to DES at 907-428-7009. Failure to send in the report on time can result in losing funding for projects.

Identify the performance period for this report: (a separate form is required for each Quarterly Report)

_____ July 1 to September 30 (report due to DES by October 31st)
_____ September 30 to December 31 (report due to DES by January 31st)
_____ January 1 to March 31 (report due to DES by April 30)
_____ April 1 to June 30 (report due to DES by July 31)

Applicant Name:	Disaster Name & Number:
------------------------	------------------------------------

Today's Date	Project Category: (circle one) <div style="text-align: center;">A B C D E F G</div>	PW Number:
---------------------	---	-------------------

Brief Description of Project/Scope of Work:

Key dates and activity that has been accomplished (for example, start date of project, major tasks accomplished, etc.)

Physical Location of the Project:

Total funds expended to date \$_____

Total Administrative Funds expended to date \$_____

Estimated additional funds required to complete project: \$_____

Project is _____ **% complete at this time.**

Expected completion date of project: _____

Additional comments about the project: (Include any information about circumstances that could delay the estimated project completion date.)

Alaska Division of Emergency Services
Small Project Cost Summary Form
(Projects under \$52,000)

Below, list your total expenses per Project Worksheet (PW) by major category. If you have any questions, please contact the Community Services Section within the Alaska Division of Emergency Services (ADES) at 907-428-7000. This form can be faxed to ADES at 907-428-7009.

As the applicant, you are required to keep backup documentation to validate these figures for a minimum of three years after the closeout of the disaster. Your project is subject to an audit.

Reminder: For small projects (any project under \$52,000) applicants are required to report the total cost to complete the project. If expenses are under the authorized amount of the project, the applicant will still receive the authorized amount in full, instead of actual expenses. For example, FEMA determines that it will cost \$45,000 to complete the project, but the project ends up costing \$40,000, you will be reimbursed for the entire \$45,000. However, if you are audited, you must demonstrate that the project expenses total \$40,000.

Applicant Name:				Disaster Number:					
Project Application (PA) Identification Number:			Project Category: (circle one)				PW Number:		
			A	B	C	D	E	F	G
Major Category			Total Cost by Category				Total Cost of Project		
1. Forced Account Labor			\$				\$		
2. Materials			\$				\$		
3. Forced Account Equipment			\$				\$		
4. Supplies			\$				\$		
5. Rental Equipment			\$				\$		
6. Contract			\$				\$		
Administrative Funds Expenditure							Project Total \$ _____		
							Total \$ _____		
Applicant's Authorized Representative - Signature:							Date:		
For internal use by the Alaska Division of Emergency Services:									
Public Assistance Reviewer - Signature					Date:		Approved PW Amount: \$ _____		

**Alaska Division of Emergency Services
Project Final Narrative Form**

This form is filled out when a project has been completed in full. A separate form must be submitted for each Project Worksheet (PW). If you have any questions, please contact the Community Services Section within the Alaska Division of Emergency Services (ADES) at 907-428-7000. This form can be faxed to ADES at 907-428-7009.

Applicant Name:		Disaster Number:
Today's Date	Project Category: (circle one) A B C D E F G	PW Number:

Brief Description of Project/Scope of Work:

Physical Location of Project:

Key Dates and activity performed (for example: date project was started, completed, describe activity, etc.):

Total funds expended on this project: _____

Total Administrative Funds expended on this project: _____

Date project was completed: _____

Additional Comments about the project:

STATE OF ALASKA
Department of Military and Veterans Affairs
DIVISION OF EMERGENCY SERVICES

STATEMENT OF DOCUMENTATION IN SUPPORT OF AMOUNT CLAIMED FOR FINANCIAL DISASTER ASSISTANCE

(1) Applicant (State Agency, County, City District, Native Organization)		(3) Disaster Number		(5) State Application Number	
		(4) Project Worksheet (PW) Number		(6) Category of Work	
(2) Brief Description of Damaged Facility or Protective Measures:					
<p>I CERTIFY:</p> <p>-That all expenditures listed below are correct and cover only services performed or material used exclusively in disaster relief operations as authorized in the approved Project Worksheet;</p> <p>-That to the best of my knowledge and belief, all work and costs are eligible in accordance with the grant conditions, all work claimed has been completed, and all costs have been paid in full.</p> <p>-That salaries, wages and overtime payments claimed are in accordance with the applicant's policy as established prior to the disaster;</p> <p>-That all work authorized in the approved Project Worksheet was completed and all essential services resumed within the time limit set forth in the approved Project Worksheet.</p>					
Date			Signature of Applicant's Authorized Representative		
(7) Description of Work			(8) Approved PW Amount as Listed in Approved Project Application (9) Actual Cost Incurred		
F.A. Labor FEMA Form 90-123					
Materials FEMA Form 90-124					
F.A. Equipment FEMA Form 90-127					
Supplies ADES FORM 30-4d					
Rental Equipment FEMA Form 90-125					
Contract FEMA Form 90-126					
TOTAL			0		0
Summary of Administrative Expenditures	Labor	Supply	Equipment	Contractual	Total:

**FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD**

Page _____ of _____

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE		6. CATEGORY —	7. PERIOD COVERING to
8. DESCRIPTION OF WORK PERFORMED			

NAME	DATES AND HOURS WORKED EACH WEEK								COSTS				
	DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS
NAME	REG.									\$	/	\$	\$
JOB TITLE	O.T.									\$	/	\$	\$
NAME	REG.									\$	/	\$	\$
JOB TITLE-	O.T.									\$	/	\$	\$
NAME	REG.									\$	/	\$	\$
JOB TITLE	O.T.									\$	/	\$	\$
NAME	REG.									\$	/	\$	\$
JOB TITLE	O.T.									\$	/	\$	\$
NAME	REG.									\$	/	\$	\$
JOB TITLE	O.T.									\$	/	\$	\$

Total Cost for Force Account Labor Regular Time												\$
Total Cost for Force Account Labor Overtime												\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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**FEDERAL EMERGENCY MANAGEMENT AGENCY
MATERIALS SUMMARY RECORD**

Page _____ of _____

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE		6. CATEGORY —	7. PERIOD COVERING to
8. DESCRIPTION OF WORK PERFORMED			

VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECKONE)	
							INVOICE	STOCK
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>

GRAND TOTAL	\$	
--------------------	----	--

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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FEDERAL EMERGENCY MANAGEMENT AGENCY RENTED EQUIPMENT SUMMARY RECORD						Page _____ of _____		
1. APPLICANT		2. PA ID		3. PW #		4. DISASTER NUMBER		
5. LOCATION/SITE				6. CATEGORY —		7. PERIOD COVERING to		
8. DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT Indicate size, capacity, horsepower, make and model as appropriate	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
GRAND TOTAL								
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED				TITLE			DATE	

**FEDERAL EMERGENCY MANAGEMENT AGENCY
CONTRACT WORK SUMMARY RECORD**

Page _____ of _____

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE		6. CATEGORY —	7. PERIOD COVERING to
8. DESCRIPTION OF WORK PERFORMED			

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS —SCOPE
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	

GRAND TOTAL 			\$	
---	--	--	----	--

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

**FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

Page _____ of _____

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE		6. CATEGORY —	7. PERIOD COVERING to

8. DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY								COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE								TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
GRAND TOTALS													\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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APPENDIX 5

MISCELLANEOUS SAMPLE LETTERS AND FORMS

Date

Name
Title
Agency
Address

Re: Disaster FEMA-XXXX-DR-AK

Dear (Name):

The purpose of this letter is to clarify the difference between small and large projects, payment for projects and the final approval process associated with each project type.

Project Worksheets (PW's) with eligible costs under \$52,000 are considered small projects. The total amounts of the PW's, both federal and the state share may be paid after completion of a final inspection. To initiate a final inspection please prepare and forward a Project Completion and Certification Report (FEMA Form P.4), and additional forms listed in the State Public Assistance Plan. You are required to submit documentation substantiating the recovery costs of small projects. If the total cost of the work is less than the approved amount, the difference may be retained by your agency. Should the total cost of completing the work be greater than the approved amount, and you are seeking supplemental funding it will be necessary for you to submit documentation of recovery costs for **all** small projects. You may also request an advance for the amount you estimate to need for work for the next 30 days up to 30% of the PW by completing and submitting a Request for Advance form.

Large projects are PW's with eligible costs over \$52,000. For projects that were less than 100% complete at the time of approval, payments will be made based upon documented work that has been completed by filing a Statement of Documentation (DES Form 30-4) and all backup documentation. If you need and advance to begin work you may request one for the amount you estimate to need for the next 30 days up to 30% of the PW. A final payment will be made after a final inspection is performed. You may initiate a final inspection by preparing and submitting the FEMA Project Completion and Certification Report (P.4), Statement of Documentation (DES Form 30-4) and all backup documentation. For PW's that were 100% complete at the time of approval, and supporting documentation was provided to the State or FEMA, there is no need to submit additional documentation. To initiate a final inspection in order to receive a final payment, please prepare and submit the FEMA Project Completion and Certification Report (P.4) and Statement of Documentation (DES Form 30-4). No payments will be made on large projects if the applicant is delinquent in filing the quarterly progress report (DES Form 30-60).

Name
Date
Page 2 of 2

Should you decide to make additional improvements on a project or should you wish to complete an alternate project you must contact this office before you begin any work. Failure to obtain prior written approval will jeopardize funding on the approved PW. For additional information on improved and alternate projects please refer to 44 CFR 206.203 and pages 32 and 33 of the Public Assistance Applicant Handbook.

The Statement of Documentation form, a sample applicant certification letter, an advance of funds form, and a sample quarterly progress report are attached and are also being provided on disk. In addition, you may find copies to download off of our website at www.ak-prepared.com\cgcs.htm. The FEMA Project Completion and Certification Report (P.4) was provided under separate correspondence, if you need additional copies, additional information or clarification please contact me at 1-800-478-2337 or e-mail me at wanice_cowles@ak-prepared.com.

Sincerely,

(Name)
State Public Assistance Officer

wc:lg
Enclosures: as stated

Date

Name
Title
Agency
Address
City, State, Zip

Re: Disaster

Dear :

This letter is in response to your correspondence dated {date} requesting a time extension for completion of work under project worksheet (PW) {number}. In accordance with 44 CFR 206.204 (C)(2)(ii). The completion deadline is extended to {date}. You are encouraged to complete the required work for this project as soon as possible, but no later than the extension date.

If you are unable to complete the work under this project worksheet by the extended deadline, an additional time extension request must be submitted.

If you need additional information or clarification please contact me at 1-800-478-2337.

Sincerely,

(Name)
Governor's Authorized Representative

xxx:xxx

Date

Name
Title
Agency
Address 1
City, State, Zip

Re: Disaster

Dear :

Our records indicate that {agency} has one or more approved projects for _____ disaster. As required by your grant agreement, a quarterly report was due not later than {date}. Enclosed is a sample report (DES 30-60) which must be completed for those projects approved for the (disaster). Additional copies of this form are available on our website at www-ak-prepared.com. Please go to the recovery section and click on the form directory.

If the project is 100% complete please prepare a Project Final Narrative Form, Statement of Documentation (DES Form 30-4), Project Completion and Certification Report (FEMA Form P.4) and submit them along with your backup documentation. If required we will schedule a final inspection. Your final payment will be processed after the final inspection and verification of expenditures is complete.

Please send the required information to the following address:

State Public Assistance Officer
Division of Emergency Services
P.O. Box 5750
Ft. Richardson, Alaska 99505

The Statement of Documentation form requires a signature and may not be sent electronically.

If you need additional information or clarification please contact me at 1-800-478-2337.

Sincerely,

(Name)
State Public Assistance Officer

xxx:xxx

Date

Name
Title
Agency
Address 1
City, State, Zip

Re: Disaster

Dear :

The purpose of this letter is to notify you that the Federal Emergency Management Agency (FEMA) has determined that Project Worksheet {number} is not eligible to receive federal reimbursement because

In accordance with 44 CFR 206.206 you have the right to appeal any determination related to an application for or the provision of Federal assistance. Your appeal must be made in writing and should contain documented justification supporting your position, specifying the amount in dispute and the provisions in Federal law, regulation, or policy with which you believe the initial action is inconsistent.

You must submit your appeal within 60 days from the date of this letter. Your appeal must be mailed to:

(Name)
Governor's Authorized Representative
Division of Emergency Services
P.O. Box 5750
Fort Richardson, Alaska 99505

If you need additional information or clarification please contact me at 1-800-478-2337.

Sincerely,

(Name)
Governor's Authorized Representative

xxx:xxx

Date

Name
Title
Agency
Address 1
City, State, Zip

Re: Disaster

Dear :

In accordance with 206.228 the Federal Emergency Management Agency (FEMA) will pay an allowance for administrative costs associated with certain sections of the Robert T. Stafford Act based on the following percentages:

- For the first \$100,000 of net eligible costs = 3%
- For the next \$900,000 = 2%
- For the next \$4,000,000 = 1%
- For those costs over \$5,000,000 = ½ %.

No other direct or indirect administrative costs are separately eligible. Based on the final eligible costs of \${amount} the State is approving a payment of an administrative allowance of \${amount}. You are not required to submit documentation to support the use of these funds. However, to receive them the project must be completed and all necessary forms and financial documentation need to be approved by DES.

If you need additional information or clarification please contact me at 1-800-478-2337.

Sincerely,

(Name)
State Public Assistance Officer

xxx:xxx

Date

Name
Title
Agency
Address 1
City, State, Zip

Re: Disaster

Dear :

The State of Alaska has reviewed your claim and determined that you have met the grant requirements associated with the _____ disaster Project Worksheets. Since all your projects are complete, the State does not expect to take further action on your file, except as may be requested at an audit. However, you are required to maintain all records pertinent to the project(s) for a period of three years from the date of this letter. During this period your records are subject to inspection or audit by state and federal officials as outlined in your project application.

Your disaster application under the _____ is now considered closed. It has been a pleasure working with you and other members of your agency.

If you need additional information or clarification please contact me at 1-800-478-2337.

Sincerely,

(name)
Governor's Authorized Representative

xxx:xxx

Date

Name
Title
Agency
Address 1
City, State, Zip

Re: Disaster

Dear :

We recently received a copy of the State Audit for the {agency} for the period of {period for the disaster}. In the audit \${amount} in unallowable charges to Project Worksheets number {number} were identified. A copy of the auditor's findings from the 200_ State Audit is enclosed for your reference. The unallowable costs identified in the audit were not recognized during the final cost reconciliation. Therefore, this cost adjustment was not made at the time the {applicant} disaster application was closed. The following is a breakdown of the cost share of \${amount} for costs which the auditor found to be unallowable for the project worksheet, together with the administrative allowance claimed for these unallowed costs.

Unallowed Costs	\$
Administrative Allowance	\$

As you are aware, the {applicant}'s records are subject to inspection for three years following the date of closure of the application under this disaster. If approved costs are found to be unallowable through the audit process during this three-year period the State is required to pursue reimbursement of the funds. The {applicant} has been paid \${amount} for unallowed costs and excess administrative allowance. At this time, you are requested to refund to the State of Alaska – Department of Military and Veterans' Affairs \${amount} within 30 days of receipt of this letter. Failure to reimburse the state and federal funds within the 30 day time period will result in interest charges based upon the current Department of Treasury rate.

Please send the required reimbursement to:

(Name)
Finance Officer
Department of Military and Veterans' Affairs
Division of Administrative Services
400 Whilloughby
Juneau, Alaska 99801

If you need additional information or clarification please contact me at 1-907-465-4603.

Sincerely,

(Name)
Finance Officer

xxx:xxx

Date

Mr. Dennis Burton
Infrastructure Team
FEMA Region X
130 228th Street SW
Bothell, Washington 98021-9796

RE: Small Project Applicant Closeout
FEMA Disaster No:
PA ID:
PW Number:
Applicant Name:

Dear Mr. Burton:

The (insert applicant name) completed the work associated with Project Worksheets(s) _____ under the _____ disaster.

PW _____ was written for _____.

The applicant has submitted all required paperwork and has been paid by the Alaska Division of Emergency Services for the above project(s), and an additional _____ in administrative fees.

Attached is a signed P.4.

If you have, any questions concerning this applicant please contact Alaska Division of Emergency Services at (907) 428-7074.

Sincerely,

(Name)
Governor's Authorized Representative

xxx:xxx

Enclosures: as stated

Date

Mr. Dennis Burton
Infrastructure Team
FEMA Region X
130 228th Street SW
Bothell, Washington 98021-9796

RE: Large Project Applicant Closeout
FEMA Disaster No:
PA ID:
PW Numbers:
Applicant Name:

Dear Mr. Burton:

(Applicant) completed the work associated with Project Worksheet(s) (#’s) under the disaster.

PW Payment Breakdown:

PW Number	Amount of PW
Admin fees for above	

The applicant submitted all required paperwork and has been paid by the Alaska Division of Emergency Services for the Project Worksheets and administrative fees. We request that FEMA close out this project worksheet.

A final inspection was not necessary for this project since it was 100% complete at time of initial inspection and involved snow removal. OR The final inspection was completed _____ .

Attached is the following documentation for your review:

- Voucher Analysis and Narrative
- Signed P.4
- Final Inspection Report
- Statement of Documentation

If you have any questions concerning this applicant please contact Alaska Division of Emergency Services at (907) 428-7074.

Sincerely,

(Name)
Governor’s Authorized Representative

xxx:xxx

Enclosures: as stated

Alaska Division of Emergency Services Final Inspection Report

Disaster Number:

Name:

Date of Report: _____

Inspector Name: _____

Applicant Name: _____

Inspector Title: _____

Project Information:

PW Number: _____

Category: _____

Date Project Completed: _____

Date of Inspection: _____

Damaged Facility Description:

Financial Information:

Insurance Settlement Amount: \$ _____

Approved PW Costs: \$ _____

Expenses Claimed by Applicant: \$ _____

Amount of Cost Overrun: \$ _____

Total Eligible Costs: \$ _____

Explanation for Cost Overrun: (if there is a cost overrun explain: reason for overrun, why the applicant did not have these items identified until earlier, and if those items are eligible, etc.).

Additional Comments:

Certification: To the best of my knowledge, as the State Inspector, I certify that the above project was completed per the scope of work stated within the Project Worksheet (PW). Before inspecting this project, I reviewed the PW and applicant file to verify approved eligible costs, and other pertinent information relating to this project.

State Inspector -Signature:	Date:	P.A. Reviewer – Signature	Date:
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